

VSH Governing Body Meeting Minutes

September 20, 2006

Type of meeting:	Oversight
Facilitator:	Steve Gold
Note taker:	Cheryl Goodwin-Abare
Governing Body Members:	Steve Gold; Terry Rowe; Dr. Simpatico; Bill McMains; Dawn Philibert (designee for Sharon Moffitt); Butch Alexander
Attendees:	David Bond

AGENDA TOPICS: Approval of Minutes from 7/19/06, Executive Director's Report, Medical Director's Report, Other Business.

Discussed: Minutes of the July 19, 2006 Governing Body Meeting were reviewed for approval.

Conclusion: Minutes Approved

Action: Dawn Philibert made a motion to accept the minutes of the July 19, 2006 meeting. Bill McMains seconded the motion; all in favor. Minutes approved for 7/19/06.

Person Responsible: N/A

Due Date: N/A

Discussed: Executive Director's Report (Terry Rowe)

Terry handed out the Injury Reports, Variance Reports and Patient Grievances for the month of July and August, 2006.

Patient Injury: During the month of July 2006, 11 patient injuries were submitted. All injuries were considered to be minor and all patients received an appropriate response from clinical staff. During the month of August 2006, 14 patient injuries were submitted. All were considered to be minor with the exception of one patient on two events – one was moderate and the other event resulted in no injury but recorded as a difficult, potentially dangerous event.

Employee Injury: During July 2006, 30 reports of employee injuries were submitted. All injuries were considered to be minor with the exception of one injury in which a patient who was upset about seeing another patient be secluded bit the employee on his shoulder. Blood visible through two layers clothing. Follow-up involved this staff member being sent to CVH and had a tetanus shot and blood sample taken. During August 2006, 14 reports of employee injuries were submitted. All injuries were considered to be minor with the exception of one injury where an employee was bitten by a bat they had caught in the building. The employee went to CVH ED for evaluation. To better understand this pattern and reduce the risk of injury to our employees, we are initiating a higher level of observation, categorization, and analysis of the date on patient-related employee injuries. We have initiated a close collaborative improvement project/working relationship with the Loss Prevention Section of the Department of Buildings and General Services. The improvement project consists of two Work Groups – one focused on Workplace safety, and the other on Workers' Compensation and return to work following injury. The Work Groups have begun systematic examinations of multiple aspects of workplace safety and employee injury, and the members expect that these examinations will give rise to a number of refinements and improvements, resulting in a safer working environment, and in more effective management of the continuum of activities that begins with an employee injury, and proceeds either to recovery or to an altered ability to function.

Variance Reports: During July 2006, 19 Variance Reports were filed. All were minor with the exception of one regarding a patient making ropes out of braided sheets. During August 2006, 23 Variance Reports were filed. All were minor.

Patient Grievances: During July 2006, 26 Patient Grievances were submitted. All were investigated. During August 2006, 28 Patient Grievances were submitted. All were investigated.

The Information System's manager position is ready for posting. This position will be part of the VDH IT staff and will look at VSH to coordinate the multiple facets and functions of VSH's upgrades, new software applications, and on-going maintenance. It was noted that a pharmacy software program would address the fundamental requirements contained in the Department of Justice and the State of Vermont Settlement Agreement.

Terry also brought up that there is a security issue regarding people having access to different parts of VSH through the tunnel. Terry will follow-up on this with the Buildings Supervisor of the Waterbury Complex.

VSH will be advertising for a patient representative who will work 15 hours a week. The incumbent will meet with each patient to review the Patient's Bill of Rights and the avenues available for complaints and/or grievances.

Conclusion: Terry will follow-up on issues stated above.

Action: Terry will continue to work on issues addressed.

Person Responsible: Terry Rowe

Due Date: October, 2006

Discussed: Medical Director's Report (Dr. Simpatico)

Update on Physician situation: Dr. Black is now full-time.

There is also a flu going around with the doctors at this point.

Dr. Timothy Rockcress will hopefully be at VSH soon to help out.

When we have several physicians start in October we will no longer be using Locum Tenens.

DOJ – General program and linkage to the community.

Bob Liberman will do a full-day training on the 3rd. He will also do staff trainings.

Informational – Todd Mandel and Joanna Strong Kinnaman will pull together drafts of clinical protocols, for discussion and for approval by the Medical Staff.

Restraints/Seclusions/Involuntary Procedures: Currently, there are nine patients refusing medication. This causes high utilization of emergency procedures. These patients have a lot of one-to-ones. Patients refusing medication are here an average of 84 days before legal procedures are in place for involuntary medication. This is very high by national standards. Dr. Simpatico pointed out that VSH starts the process when they come through the door. It takes approximately 40 days to get a patient committed. VSH has a much higher level of acuity than other hospitals. Due to the length of time it takes to get a patient involuntary medication there is also significant staff stress issues.

We have 11-12 one-to-ones per day. This takes 33 extra staff to do this. We have staff holdovers for a second shift and call staff in. Staff morale issues are a problem when this happens. Due to a large number of staff involved in these circumstances there is confined space to work with causing a crowding effect. Dr. Simpatico would like to be able to diminish the length of time for patients to get involuntarily medicated. This would lower the 84 days timeframe and result in more beds available at VSH.

Dr. Simpatico said that while VSH works very hard not to use emergency procedures, due to safety issues we do need to have these available and cannot abolish them.

Conclusion: Dr. Simpatico will follow-up on issues stated above.

Action: Dr. Simpatico will keep everyone updated.

Person Responsible: Dr. Simpatico

Due Date: October, 2006

Discussed: Other Business

Policies:

Weapons Policy - was reviewed but this was not approved at this time due to needing revisions and also needing to inform law enforcement about this policy.

Restricted Items and Search Policy – These are the changes that the Governing Body made:

On Page 3, Strip Searches - #1 took out the word imminent.

On Page 4, Non-Cooperative Patients – switch #2 with #3.

On Page 5, If Contraband Is Found - #3 Should read: Weapons of any kind will be removed from the patient’s possession. Staff will contact the State Police to arrange for the disposal of any weapon taken from the patient. Patients will not be permitted to possess weapons of any kind upon Hospital premises.

A motion was made to approve the Restricted Items and Search Policy as amended – Dawn Philibert approved, Bill McMains seconded, all in favor.

Privilege Levels and Imposition of Restrictions Policy – Due to the time, the Governing Body decided to have members look this over and at the next Governing Body meeting this will be discussed.

A memorandum that Anne Donahue wrote to the VSH Governing Body was reviewed regarding the policy.

Conclusions: Weapons Policy will be reviewed again as well as Privilege Levels and Imposition of Restrictions Policy.

Action: N/A

Person responsible: N/A

Due Date: N/A

Discussed: Other Business

Credentialing:

Jeremiah Dickerson – UVM Resident will be starting on October 23rd. Dawn Philibert made a motion to accept Dr. Jeremiah Dickerson, Butch Alexander seconded the motion, all in favor.

Jay Batra – Core Faculty Psychiatrist starting on October 23rd. Dawn Philibert made a motion to accept Dr. Jay Batra, Bill McMains seconded the motion, all in favor.

Timothy Rockcress – Previously the Medical Director in Rutland but gave resignation there. No mal-practice insurance. The Governing

Body discussed that Dr. Rockcress will have to buy his own mal-practice insurance and send us proof of this and also Terry will be talking with Rutland Hospital to find out the circumstances of his resignation there. Dawn Philibert made a motion to accept Dr. Rockcress with the understanding that we have written proof of mal-practice insurance and pending Terry's discussion with Rutland Hospital regarding Dr. Rockcress' resignation; Butch Alexander seconded the motion, all in favor. Paperwork was not signed until all this is complete.

Conclusions: Dr. Timothy Rockcress' credentialing paperwork will be signed when all the above on him is complete.

Action: N/A

Person responsible: N/A

Public Comment: No public attended this meeting.

Meeting Adjourned at 3:35 p.m.